

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 12 PM 12:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V15703**

1. Corporation Name

**COMPUTER SERVICE & SUPPORT OF
PALM BEACH INC**

720400006234

REINSTATEMENT 02-04

900021742839
02/12/04--01023--012 **500.00

2. Principal Office Address

18276 LAKEBEND DR

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 33712

Suite, Apt. #, etc.

City & State

JUPITER FL

City & State

PB6 FL

Zip

33458

PB

Zip

33400

Country

PB

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/92

5. FEI Number

65-0317314

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

MARSHALL SMITH

Street Address (P.O. Box Number is Not Acceptable)

18276 LAKEBEND DR

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Marshall Smith

REGISTERED AGENT MUST SIGN

Date

1/28/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|-------------------------|
| P | MARSHALL SMITH | 18276 LAKEBEND DR | JUPITER FL 33458 |
| S | DAVID REEKERS | 18276 LAKEBEND DR | JUPITER FL 33458 |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Marshall Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHALL SMITH

Date

1/28/04

Daytime Phone #

5616258006

CR2081 (10/02)